

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730394

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** RALEIGH HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-1574968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VODEN, JAMES A  
21280 BRINSON AVE  
UNIT 204  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VODEN, JAMES A  
Address: 21280 BRINSON AVE #204  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD ( ) Delete  
Name: KANNHEISER, RON  
Address: 21280 BRINSON AVE #206  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD ( ) Delete  
Name: BENZ, ART  
Address: 21280 BRINSON AVE #208  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete  
Name: EVANS, SHIRLEY  
Address: 21280 BRINSON AVE #219  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete  
Name: REVELAS, GUS JR  
Address: 2128 BRINSON AVE #213  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BENZ, ART  
Address: 21280 BRINSON AVE #208  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition  
Name: JANKS, JIM  
Address: 21280 BRINSON AVE #118  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES VODEN

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date